

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/018333 Broker

CLAIMS

	AS FILED IND.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DER.	IND.	DER.
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TOTAL IND.					
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TOTAL IND.						
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TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

BEST AVAILABLE COPY